



National Indian Brotherhood

ASSEMBLY OF FIRST NATIONS

HEAD OFFICE:

TERRITORY OF AKWESASNE, HAMILTON'S ISLAND
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DEC 01 1995

Janice Hopkins
Director-General
Indian and Northern Health Services
Medical Services Branch
11th floor, Jeanne Mance Building
Turney's Pasture
Ottawa, Ontario
K1A 0L3

Dear Ms. Hopkins:

Please review the enclosed materials recently received in our offices.

This is the first opportunity I have had to learn about the issue of health problems and environmental sensitivities. I would appreciate your reviewing this matter with officials in Health Canada and informing me of any actions taken by MSB.

Thank you.

Sincerely,

Gina M. Whiteduck
Director
AFN Health Secretariat/
Senior Manager

cc: Keith Conn, AFN Environment Director
Dr. Gillian Lynch, D.G, Occupational and Environmental Health Services Directorate
Chris Brown, Ottawa, ON

BRANCH OFFICE:

55 MURRAY ST., 5TH FLOOR, OTTAWA, ONTARIO K1N 5M3 TEL.: (613) 238-0673 FAX: (613) 238-5780

2-142 Osgoode St.
Ottawa. K1N 6S4

Ms Gina Whiteduck
Director
AFN Health Secretariat/
Senior Manager
Assembly of First Nations
Ottawa

20 December 1995

Dear Ms Whiteduck,

Thanks for copying me the letter you sent to Janice Hopkins. In the late 1980s Ms Hopkins wrote a memo to her colleagues in Health Canada about a report that was done by former Judge George Thomson and five doctors for the Ontario Ministry of Health in 1985. (Mr. Thomson is now Deputy Attorney General of Canada.)

About eight years ago, Ms Hopkins advised her colleagues that there were several concerns in the Thomson report that involved federal responsibilities. She may have run up against negative attitudes amongst her colleagues, many of whom were saying publicly, then, that people who claimed to be sensitive to substances in the environment were imagining their symptoms, or they were just looking for excuses to be lazy, or that the problems were all in the mind.

The problems caused by "denial" are often very serious. The fact that health officials, for years, dismissed a real problem, which can seriously disable people and cause other damages, caused a lot of damage. In this case the damages are as serious as those that would occur if government denied the existence of the HIV virus, including widespread chronic illness, disability, and deaths. Consumer associations involved with the issue feel that Health Canada is not yet completely straightforward in the way they are dealing with this issue. we are trying to get them involved in a healing process where they can get over their feelings that they have to hide what is happening.

The report "Multiple Chemical Sensitivities" done by the U.S. National Research Council in 1992 indicates that about 15 per cent of the population suffer from sensitivities. Consumer experience and scientific studies suggest

that about two-third of people with sensitivities have central nervous system problems. It is my opinion, as a layman, that sensitivities are also a significant factor for First Nations peoples.

I have spent thirty years working on social issues, as an activist, community organizer, and as a journalist. I have focussed on social issues, including a year and a half covering issues affecting remote reserves, with particular attention to people involved in community development, focussing on people and communities who are doing things to address problems. I have written funding applications for social issues for a First Nation. I have lived on reserve for a year and a half (and not in the white ghetto housing normally provided to outside consultants).

I believe I have a very good awareness of the various social, cultural, spiritual, economic, educational, and colonial abuses and how they have infected native people, and how they contribute to ongoing self-abuse and abuse of each other on reserves. (It is important to mention that similar kinds of abuse take place in non-native communities.) As serious as the socio-economic issues are for native people, sensitivities resulting from changes in diet and the environment may have also become an ongoing, underlying, debilitating factor for people who are trying to overcome personal, social, and community issues. Sensitivities are also a problem affecting children's behaviour and ability to learn.

Considering their history, Health Canada may not be entirely forthcoming in discussing this issue with you, and so I encourage you to obtain some of the materials listed on the attached list.

Best wishes,

Chris Brown
613-236-7683

"Report of the Ad Hoc Committee on Environmental Hypersensitivity Disorders", George Thomson et al, Ontario Ministry of Health, 1985 [includes second volume of appendices] (Thomson and his panel of doctors stated that the position "all the identified patients are emotionally ill" was "clearly untenable".

"Healthy Environments for Canadians", Bruce Small and Associates, Health and Welfare, 1987 (This includes a 244 page bibliography on environment and health, including references as far back as 1908 that indicate central nervous system dysfunction can be caused by sensitivities.)

"Chemical Sensitivity: A Report to the New Jersey State Department of Health", Nicholas Ashford and Claudia Miller, New Jersey State Department of Health, 1989. (Ashford and Miller won a Macedo Award from the world Health Organization. The last six pages of their report deal with central nervous system problems that can be caused by sensitivities.)

"Environmental Sensitivity", a special issue of "Chronic Diseases in Canada", report of workshop proceedings, Health Canada, 1990. (Health Canada finally made the recommendation that people with sensitivities "should not be dismissed as neurotic, but receive respect and support.")

"Multiple Chemical Sensitivities", various authors, U.S. National Research Council, 1992 (This is the most comprehensive report in recent years. You can obtain this report from the U.S. N.R.C. by calling 202-334-2000.)

"Multiple Chemical Sensitivities and their Relevance to Psychiatric Disorders", report of workshop proceedings, Health Canada, 1992 (Nicholas Ashford, Claudia Miller, and Iris Bell were important keynote speakers.)

There is also an excellent kit available concerning children in schools. You can get it from Elizabeth Stutt, National Vice President, Allergy and Environmental Health Association, Nepean - 613-825-8388. I think their school kit costs \$15.00. (This kit outlines the issue as it concerns schools, and contains a very good bibliography, which I will also try to fax you, later.)

2-142 Osgoode St.
Ottawa. K1N 6S4

Dr. Hedy Fry, M.P.
Parliamentary Secretary to the Minister of Health
Ottawa.

18 December 1995

Att: Karen Netherton

Dear Dr. Fry,

Thanks for the brief time you made available to discuss Health Canada's regression to being in compliance with the abuse, by physicians, of persons with environmental sensitivities. As mentioned in previous correspondence, persons with sensitivities are extremely concerned that the federal health department seems to have abandoned efforts to stop abuse of this group, and is, instead, again making statements that excuse our abusers.

You indicate that you have been told by Health Canada that they have no proof that central nervous system dysfunction can be caused by sensitivities. I find it strange that you, as a physician, would accept this from them. Literature abounds over the past century. Many references have been previously supplied to your office, and we know that Health Canada has the same materials.

However, the fact that you request yet more "proof" raises a more important question. On what basis do you ask that citizens who experience these problems, who are being horrifically abused, should be required, as consumers, to provide proof of the *medical* knowledge about their experience. The situation is that people are being abused in ways that they directly experience. Scientific proof of the existence of various physiologies, and documentation of physician attitudes leading to abuse and damages has been repeatedly supplied to your office over the past six months. I will provide no further proof for our experience, and will instead continue to point out that those who require such proof are aiding and abetting the violation of our rights. Some say this second layer of abuse is more offensive than the actual physical and emotional abuse that is taking place. It is not up to consumers to (once again) recount the *multitude of diverse physiologies* involved, or to once again wait for

studies that "prove" the mechanisms by which various experiences are experienced to the satisfaction of the abusers. Our central point is that we own our selves, and that we do not need any proof in order that others should respect our experience of what they are doing to us when it is causing damages, increased disability, and deaths.

After thirty years working with abused and disadvantage people, I am still amazed to come across people who, for whatever reason, feel that victims of abuse are somehow not aware of how they are being abused, and how they are affected. There may be a lesson in the experience of other groups who have come out from under abuse in recent years. We speak for ourselves. Our experience and repeated documentation of the abuse itself is enough to require action by those responsible, especially when we are complaining about abusive acts of commission, rather than a lack of action concerning services or some other discretionary matter.

Finally, we came to your office to discuss inconsistencies in Health Canada's approach to this issue. My feeling is that these inconsistencies arise from dishonesty, and that officials know that their dishonesty is resulting in preventable abuse and deaths. I indicated we had information which strongly suggests, perhaps proves, a lack of integrity in Health Canada's dealing with this issue. Instead of discussing inconsistencies in Health Canada's comments, actions and general approach, the discussion moved backwards ten years to elements of science which have already been covered, years ago, in discussions through parliamentary standing committees, Health and Welfare, and in the public - documentation of which you have been provided. Perhaps it is only the limited time we had to discuss your questions, but it felt as if our issues were being moved backwards a decade. Is it possible that your medical background prevents you from seeing us as citizens with rights, and that you are objectifying us in the same way that our abusers objectify us? The result of that position has been that whether we are being abused becomes merely a matter of medical opinion, and that our rights as humans, consumers, and as citizens to "freedom from arbitrary interference" and protection from physical and emotional abuse continue to be denied.

I am documenting what people say they are told by Health Canada, and, as mentioned before, their statements are inconsistent. They tell the PMO they agree the problem is real, but tell you they have no proof of it. They tell me they know of (and publish) literature linking sensitivities and CNS dysfunction;

they tell Canadian Press they have no such information. You indicate the Department has told you there is no proof, yet in several fora the Department says there is a need to protect us. Internal documents indicate Health Canada knows we are dealing with a variety of disorders, yet they discuss the variety of approaches and possible etiologies as if they must be mutually exclusive and in "conflict" with each other.

I believe you are experiencing precisely the lack of integrity I am complaining about, and yet your response is to give the Department the benefit of the doubt (at the expense of horrific damages to the people who are being abused!). As a former Chief Commissioner of the Ontario Human Rights Commission put it, "the presumption is on the wrong side."

I again urge you, on the basis of information that has been gone over countless times, in countless studies and workshops, to break the silence about Health Canada's compliance with the abuse, by physicians, of persons with environmental sensitivities.

Chris Brown
613-236-7683

PS For the record, I have been asked to again refer you to documents already in your possession, including a list of central nervous system symptoms experienced by patients, briefing notes to a deputy minister (12 Feb 1987) which clearly indicate the nervous system is affected, and a letter from former health minister Perrin Beatty to Charles Caccia indicating the department supports recommendations based on this knowledge.

The above have been provided previously, as have the following: a letter from the Ontario Chief Coroner about one of several suicides; a letter from the Psych Patient Advocate Office of the Ontario Ministry of Health indicating the need to protect such patients; and much other correspondence mentioning various studies and recommendations to protect persons with CNS dysfunction from sensitivities from abuse by physicians.

Thomson's definition in his 1985 report indicates the central nervous system is affected. I have also mentioned the Ashford Miller report, which discusses psychological sequelae of sensitivities caused by both

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physical and emotional trauma. You have access to "Healthy Environments for Canadians" (Health and Welfare, 1987) which has a 244 page bibliography on environmental factors affecting health, including references on CNS dysfunction from sensitivities dating back to 1908. You have access to a report by Health Canada from a workshop which included clinicians who treat persons whose CNS dysfunction is caused by sensitivities, including Dr. Iris Bell. You also have available to you, merely by phoning 202-334-2000, the report of the U.S. National Research Council, which lists central nervous system symptoms among others.

PPS All of this information has been available since your office was first contacted in July. Your failure to obtain it, or to become familiar with references to it in literature you have been provided with simply does not jive with your position that a supposed lack of science would constitute, somehow, justification for continued horrific physical and emotional abuse. If your position is that abuse is justified when science proving the various mechanism of reactions is absent, it would seem that obtaining any science available would be a critical concern, yet in six months you have not followed up the information you have already been provided with.. The cost is increased damages to people affected.

2-142 Osgoode St.
Ottawa. K1N 6S4

Ms Gina Whiteduck
AFN Health
Ottawa

By Fax: 241-5808

30 November 1995

Dear Ms Whiteduck,

I'm looking for some advice on a health/abuse issue that I've been encouraging Health Canada to address. The concern involves people who have a variety of problems because of reactions to foods and other substances in the environment. The umbrella term for these reactions is "environmental sensitivities", and this includes allergies, food intolerance, chemical sensitivity, and other problems where a person may react. Reactions can affect any system of the body, including the digestive system, endocrine system, immune system, central nervous system, and so on. Some of the central nervous system problems that can occur include anxiety, depression, and learning and behaviour disabilities. The U.S. National Academy of Sciences says that about 15 percent of the population has these problems. Elders tell us that diet changes have affected peoples' health, emotions, and behaviour.

Problem is, during the early 1980s Health Canada told people that there was no such thing as sensitivities. Of course, this caused a lot of problems. Lots of times sensitivities are not really serious, but when they're bad enough to cause real problems you need cooperation from people around you to make sure they don't expose you to the things you are sensitive to. People who have sensitivities are sometimes caused increased disability by doctors who do things to them that they shouldn't do. Sometimes families have broken up when one person didn't believe the other person had sensitivities. There have been a bunch of suicides or people who became very frustrated that no-one believed their problem.

By the early 1990s, we convinced Health Canada to undo some of the damage they had caused, and they started to do some education work directed towards doctors and provincial ministries of health. In 1990 the Department recommended checking people who have certain kinds of emotional, learning

and behaviour problems to see if their problems were caused by sensitivities, but this recommendation never made it to Medical Services Branch. Medical Services Branch staff in some areas have been telling native people that sensitivities are not real, and they don't check kids with learning and behaviour problems to see if the problems are caused by environmental sensitivities, and they have done nothing to update their staff or native people on this issue.

Health Canada has made efforts to stop abuse of these patients in the non-native community at the provincial level, but continues to abuse them in their own operations.

Here's the question you might be able to help me with - What would be a good way to get the word out to public health nurses, mental health, addictions, and other health workers and healers in First Nation and Inuit communities? Any advice you would have would be appreciated. If you'd like to talk about it, please give me a call....I'd be happy to give you some material or meet and discuss the issue.

Sincerely,

Chris Brown
613-236-7683



Health and Welfare
Canada

Santé et Bien-être social
Canada

Health Protection
Branch

Direction générale de la
protection de la santé



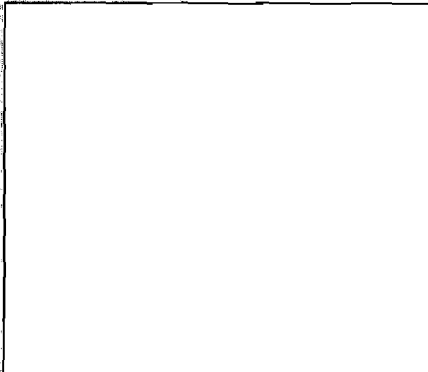
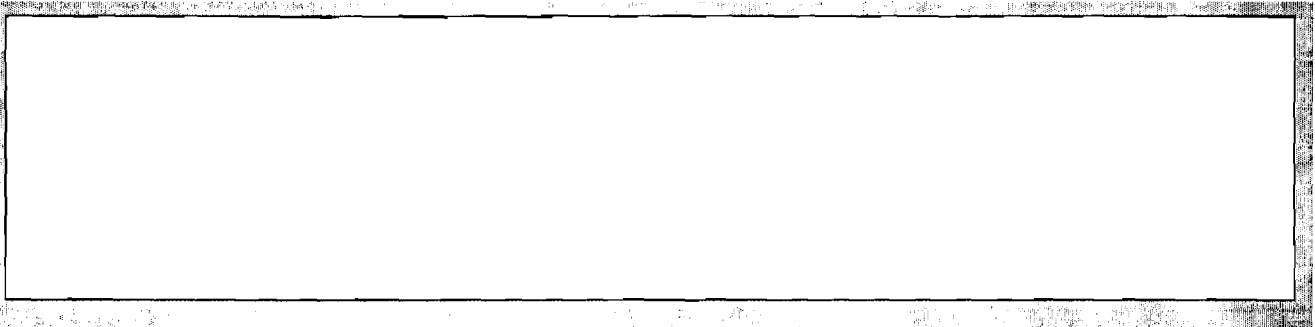
20 September 1995

Chris Brown
2-142 Osgoode St.
Ottawa Ontario
K1N 6S4

Dear Chris Brown,

Thank you for your fax of 14 September 1995 and the attached extract from the Ashford and Miller report. I am replying to your letter as [redacted] is away.

I feel that it is axiomatic in medical practice that physical disease, whether environmentally induced or not, must be eliminated before a psychiatric abnormality is invoked to account for a patient's symptoms. Perhaps physicians need to be reminded of this from time to time, as Ashford and Miller appear to be doing.



Sections blacked to protect source from Health Canada management retribution, such as that experienced by Dr. Pierre Blais when he spoke out about adverse health effects of breast implants.

-Chris Brown

Canada

THE SENATE OF CANADA

THE HONOURABLE SHARON CARSTAIRS



OTTAWA, CANADA
K1A 0A4

LE SÉNAT DU CANADA

L'HONORABLE SHARON CARSTAIRS

2 October 1995


Dear Ms ~~Marleau~~,

I am writing to express my concern for Canadians who are experiencing mental and physical health problems as a result of environmental sensitivities.

Unfortunately, symptoms displayed by persons suffering from environmental sensitivities are mis-diagnosed as being mentally related rather than physical. The resulting improper treatment places further suffering on the patient. As a result, I urge you to develop and put into place a system for psychiatric screening that will identify cases resulting from environmental sensitivities and prevent their further mistreatment.

I am confident that further training and awareness of this problem will lead to proper treatment of individuals who are suffering from environmental sensitivities.

Yours truly,



Sharon Carstairs

The Honourable Diane Marleau
Minister of Health
256 Confederation Building
House of Commons
Ottawa, Ontario
K1A 0A6

C.N.S. Symptoms Reported by Patients

N00.CENTRAL NERVOUS SYSTEM
N01.HEADACHE
N02.DEPRESSION
N03.EXHAUSTION
N04.FATIGUE
N05.WEAKNESS
N06.INSOMNIA
N07.HYPERACTIVITY
N08.CONCENTRATION POOR ADULTS
N09.MEMORY LOSS SHORT TERM
N10.DIZZINESS
N11.FAINTING
N12.ANAPHYLAXIS SHOCK
N13.ANXIETY
N14.IRRITABILITY
N15.ELATION
N16.DROWSINESS
N17.SPEECH SLURRED
N18.MULTIPLE SCLEROSIS
N19.INEBRIATED
N20.COORDINATION LOSS
N21.NIGHTMARES
N22.SEISURES
N23.CONFUSION
N24.NERVOUS
N25.HALLUCINATIONS
N26.NUMBNESS IN EXTREMITIES
N27.HYSTERIA
N28.SUICIDE
N29.VERTIGO
N30.CRYING SPELLS
N31.AMEOTROPIC LATERAL SCLEROSIS
N32.EMOTIONAL CHANGES
N33.LEARNING DISABILITIES
N34.PERSONALITY CHANGES
N35.STRESS LOW TOLERANCE
N37.OEDEMA
N38.BRAIN FUNCTION IMPAIRED
N39.SHAKING TREMOURS
N40.AGGRESSION BEHAVIOURAL PROBLEM
N41.THYROID CYST
N42.ATTENTION DEFICIT SYNDROME
N43.NEUROTIC
N44.SOMATIZATION SYNDROME

From a 1985 report to the Ontario
Ministry of Health by George Thomson
and a panel of five physicians

- Chris Brown

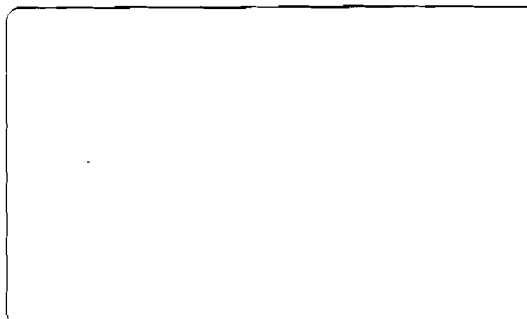


Health
Canada

Santé
Canada

Health Protection
Branch

Direction générale de la
protection de la santé



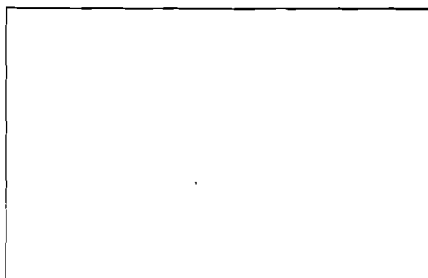
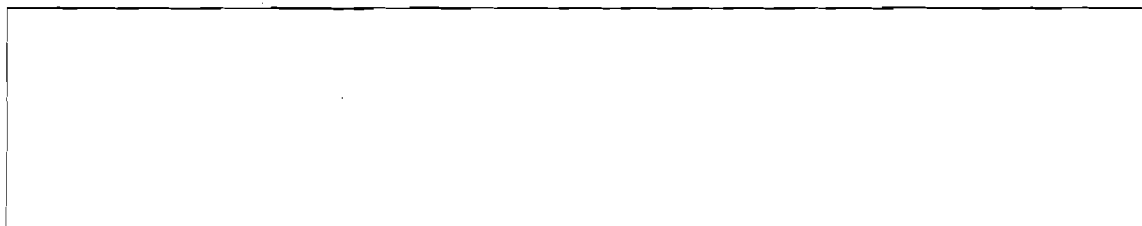
September 19, 1995

Mr. Chris Brown
2-142 Osgoode Street
Ottawa, Ontario
K1N 6S4

Dear Mr. Brown:

Re:  and Individual Human Sensitivities

Thank you for bringing this interesting subject to my attention and for the enclosed materials. In the diagnosis of unexplained illness, ruling out "environmental" sensitivities before potentially damaging treatments would, it appears to me, be eminently sensible.



Sections blanked out to protect source from management retribution similar to that inflicted on Dr. Blais for speaking out about health effects of silicon breast implants.

-Chris Brown

Canada